Request to Rezone
Filing Fee: $ 1,500.00

Charter Township of Fort Gratiot
County of St. Clair, Michigan

Case Number: _____

PETITION TO REZONE

Please complete in full the information below. Return this application, filing fee, preliminary review fee and the appropriate attachments to the Planning Department. Please be sure to thoroughly read and follow the *Rezoning Petition and Filing Procedures* and the *Guidelines and Standards for Rezoning.*

Property Owner(s) Name	Applicant(s) Name
Mailing Address	Mailing Address
City/State/Zip	City/State/Zip
Phone Fax	Phone Fax
Alternate Contact Info	Alternate Contact Info

This application must be signed by the property owner(s.) In lieu of a signature on this application, the owner may provide a letter authorizing the applicant to act on his/her behalf. This application will not be processed until authorized by the property owner(s.)

Current Zoning of Property		Parcel Identification Number(s) 74-20-	
Proposed Zoning of Property		Street Address or Location:	
Township Master Plan Zoning Designation	Is this proposed rezoning consistent with the Fort Gratiot Township Master Plan? ☐ Yes ☐ No	Total Acreage of Site:	Total Acreage to Rezone:
Zoning of Surrounding/Adjacent Parcels N:_____ S:_____ E:_____ W:_____		Proposed Use (if known)	

Insert below or attach an accurate legal description, and, if different, a legal description of the area to be rezoned.

Attach, or insert in the space below, a statement indicating why, in your opinion, the change requested is necessary for the preservation and enjoyment of substantial property rights and why such change will not be detrimental to the public welfare, nor the property of other persons located in the vicinity, thereof.

ATTACHMENT:

1. A survey or scale plan shall be submitted containing the following information, where known:
   (1) Size and shape of parcel
   (2) Street on which located
   (3) Adjacent building(s) and uses
   (4) Proposed size and location of building(s)
   (5) Parking Area
   (6) # of employees expected (peak)

The undersigned deposes that foregoing statements, answers, and accompanying information are true and correct and grants permission for authorized township representatives, Planning Commissioners and the Zoning Administrator to enter the above described property/properties for the purposes of gathering information related to this application.

LEGAL OWNER SIGNATURE _____ APPLICANT SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE – TOWNSHIP USE ONLY

Date Received	Application Fee	Review Fee
Publication Date (newspaper –not less than 15 days)	Date Notices Mailed (not less than 15 days prior-10 or fewer properties only)	Public Hearing Date
Date to SCC Metro Planning ☐ Approved ☐ Denied	Date of Twp Board Meeting-Introduction of Ordinance ☐ Approved ☐ Denied	Date of Twp Board Meeting-Adoption of Ordinance ☐ Approved ☐ Denied